ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*LdJ*	68904	6/9/00
O.I.P.E. CLASSIFIER	C		
FORMALITY REVIEW	*TL*	69916	7/29/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	...... Rejected	N	...... Non-elected
=	...... Allowed	I	...... Interference
−	(Through numeral)... Canceled	A	...... Appeal
÷	...... Restricted	O	...... Objected

Claim (Final / Original)	Date
1	✓ 11/7/03 ✓ 3/16/04
2	✓ ✓
3	✓ ✓
4	✓ ✓
5	✓ ✓
6	✓ ✓
7	✓ ✓
8	✓ ✓
9	✓ ✓
10	✓ ✓
11	✓ ✓
12	✓ ✓
13	✓ ✓
14	✓ ✓
15	✓ ✓
16	✓ ✓
17	✓ ✓
18	✓ ✓
19	✓ ✓
20	✓ ✓
21	O O
22	O O
23	O O
24	✓ ✓
25	✓ ✓
26	✓ ✓
27	✓ ✓
28	✓ ✓
29–50	

Claim (Final / Original)	Date
51	
52	
53	
54	
55	
56	
57	
58	
59	
60	
61–100	

Claim (Final / Original)	Date
101	
102	
103	
104	
105	
106	
107	
108	
109	
110	
111–150	

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)